



Employee's Formal Request for Counseling

The Congressional Accountability Act (CAA) provides that a covered employee who alleges a violation of the Act can initiate proceedings to resolve the allegations(s) by filing a formal request for counseling with the Office of Compliance no later than 180 days after the date of the alleged violation(s). The Office will provide the employee with information about the employee's rights and responsibilities and the procedures of the Office, discuss the employee's concerns, get information from the employee regarding the alleged violation, and assist the employee in achieving a resolution of the matter, if possible.

Please Print or Type the Following Information

I. Contact Information

Employee Name: _____ Date: _____

Mailing Address: _____

Telephone:

Work _____ Home _____

Cell _____

Job/Position Title: _____

Employing Office Involved: _____

(NOTE: You must inform the Office of Compliance immediately of any changes to your address and/or telephone numbers. Failure to do so may cause you to lose your right to pursue this matter.)



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Office of Compliance Use Only

Case #:

II. Describe the conduct complained of, including date(s) and person(s) involved:
(use additional pages if necessary)

Confidentiality:

Please be advised of the importance of confidentiality in this process. Section 416 of the Act provides that all counseling shall be strictly confidential. However, you and the Office of Compliance may agree to notify the employing office of your allegations during counseling by signing an agreement waiving confidentiality for that purpose.

III. Signature of employee or representative: *(Representatives must be designated by employee on a separate form, or by letter indicating designation)*

Signature: _____

Date: _____

To Be Completed By the Office of Compliance

Office of Compliance employee receiving this request:

Date and manner in which request was received by the Office of Compliance employee:

Has the contacting employee previously received advice/information from the
Office of Compliance? ☐ Yes ☐ No

If so, date of contact: _____

If filed previously, case number: _____